

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Box Patent Application  
Washington, DC 20231

Attorney Docket No.	W5020.127/P127
First Named Inventor	Michael A. Waters
Original Patent Number	5,477,812
Original Patent Issue Date (Month/Day/Year)	December 26, 1995
Express Mail Label No.	
Total Pages	

APPLICATION FOR REISSUE OF:  
(check applicable box)

Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)  
(37 CFR 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 CFR 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribbonded Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53 or 54)  
☒ 37 CFR 3.73(b) Statement ☐ Power of Attorney

## ACCOMPANYING APPLICATION PARTS

7. ☐ Transfer drawings from Patent File
8. ☐ Foreign Priority Claim (35 USC 119)  
(if applicable)
9. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
10. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
11. ☐ Small Entity ☐ Statement filed in prior application,  
Statement(s) Status still proper and desired
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Other: .....

## 15. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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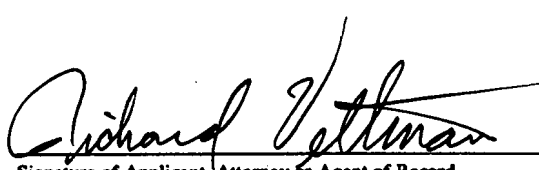
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\*\*&gt;PTO/SB/56 (6-95)

Approved for use through 05/31/98. OMB 0651-0033

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REISSUE APPLICATION FEE DETERMINATION RECORD						Docket Number (Optional) W5020.127/P127			
Claims as Filed - Part 1									
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee		Rate	Fee	
(A)	Total Claims (37 CFR 1.16(i))	(B)	****	= x \$	=		or	x \$	=
(C)	Independent Claims (37 CFR 1.16(i))	(D)	*	= x \$	=			x \$	=
Basic Fee (37 CFR 1.16(h))					\$				\$790
Total Filing Fee					\$		OR		\$
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 37	MINUS	** 22	* = 15	x \$	=		or	x \$ 22 = 330
Independent Claims (37 CFR 1.16(i))	*** 13	MINUS	***** 3	= 10	x \$	=			x \$ 82 = 820
Total Additional Fee					\$		OR		\$1150
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>04-1073</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,940.00</u> to cover the filing / additional fee is enclosed.</p>									
Date <u>12/24/97</u>		 Signature of Applicant, Attorney or Agent of Record <u>Richard J. Veltman, Esq.</u> Typed or printed name							

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BY: *Barbara G. Drake* DATE: December 19, 1997

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